24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEW YORK JOBS COUNCIL	
	C C00579045
Check if X 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
In the Field LLC	M M / D D / Y Y Y Y
Mailing Address P.O. Box 9684	06 24 2016 Amount
2320 Nott St. E	
City State Zip Code	18720.00
Schenectady NY 12309	Transaction ID : SE.4224 Date of Disbursement or Obligation
Purpose of Expenditure TV Production and Media buy Category/ Type	06 23 Y 2016
Name of Federal Candidate Support Offic	e Sought: X House District: 19
JOHN J. MR. FASO Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	18720.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) GOD TOTAL OF OFFICE INCOME	1 4 1 4 1 4
(c) TOTAL Independent Expenditures	18720.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	06 26 2016
Signature	